

Revised Manifest Summary Report

ALPHA LABEL
ALPHA LABEL

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
		83212251		250.2	LBS		CMP		
03/20/1984		83494149		250.2	LBS		CMP		
01/16/1989		87119635		959.1	LBS		CMP		

Total Records: 3

Default Volume: 0

Total Waste Volume: .7298

State of California - Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
714-744-P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST
MARCH 20, 1984

Department of Health Services

Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER 83212251

GENERATOR NAME AND MAILING ADDRESS

ALPHA LABEL
1471 Pomona Road., Unit G
Corona, CA 91720

AREA CODE/PHONE NUMBER 714/371-0841

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

TRANSPORTER NO. 1

OMEGA CHEMICAL CORP.
12504 E. Whittier Blvd.
Whittier CA 90602

VEH/CONTAINER NO.

EPA ID NUMBER

C A D D 4 2 245 0 01

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH/CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

OMEGA CHEMICAL CORP.

EPA ID NUMBER

AREA CODE/PHONE NUMBER 213/698-0991

C A D D 4 2 245 0 01

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA NUMBER

TOTAL QUANTITY

UNIT WT/VOL

CONTAINER NO.

WASTE CAT. NO.

DISP. METH.

WASTE PERCHLOROETHYLENE

- ORM-A

UN 1897

930

G

01

DM

2 11 01

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPM

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature

☐ Check if continuation sheet is used. Number of continuation sheets

MO

DAY

YR

03

1

84

TO BE FILLED IN BY TRANSPORTER

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE REC'D & ACCEPTED

MO

DAY

YR

03

1

84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE REC'D & ACCEPTED

MO

DAY

YR

1

1

1

DISCREPANCY INDICATION SPACE

TO BE FILLED IN BY TSDF

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

EPA ID NUMBER

DATE RECEIVED & ACCEPTED

MO

DAY

YR

Printed or typed full name and signature

C A D D 4 2 245 0 01

03

1

84

FORM NO. DHS-8022A 11/82

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

01/05/89

Please print or type. (Form designed for use on elite (12-pitch typewriter).)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address Alpha Label 1471-G Pomona Road, Corona, CA 91720		CAX000104750		A. State Manifest Document Number 87119635	
4. Generator's Phone 714, 371-0841				B. State Generator's ID	
5. Transporter 1 Company Name Omega Recovery Services		6. US EPA ID Number CAD 0422 45 001		C. State Transporter's ID 904879	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 213/698-0991	
9. Designated Facility Name and Site Address Omega Recovery Services 12504 E. Whittier Blvd. Whittier, CA 90602		10. US EPA ID Number CAD042245001		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID CAD042245001	
				H. Facility's Phone 213/698-0991	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Waste Perchloroethylene ORM-A UN 1897		01012	DM	01006K2	G
b. Empty Drum		01011	DM	0101055	
c.					
d.					
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above			
		a. 01		b. 01	
		c.		d.	
15. Special Handling Instructions and Additional Information B) Drum previously contained Hazardous waste Liquid, NA 9189					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name M. MURPHY		Signature <i>M. Murphy</i>		Month Day Year 01/11/89	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name Robert J. CIBINGONI		Signature <i>Robert J. Cibingoni</i>		Month Day Year 01/11/89	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name FRANK FORD		Signature <i>Frank Ford</i>		Month Day Year 01/11/89	

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY